Liva Insurance SAOC PO Box 1463, PC 112, Muscat Hills, Sultanate of Oman, Tel: +968 2476 6800, Fax: +968 2476 6888 info@om.livainsurance.com www.livainsurance.om

ليغا للتأمين ش.م,ع.م صندوق بريد ۱۶۲۳، الرمز البريدي ۱۱۲، تلال مسقط، سلطنة عمان، هاتف: ۱۸۰۰ (۲۷۲ ۹۲۸ ۹۲۸ + ، فاکس: ۸۸۸۸ (۲۷۲ ۹۹۸ info@om.livainsurance.com www.livainsurance.om



PERSONAL ACCIDENT PLAN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TAKEN AS ADMISSION OF LIABILITY

(Note: Additional information or Documents may be called for if necessary)

Name of Policy Holder					
Policy Number		Period of Insurance: to:			
Name of the Life Assured					
ID/Passport Number:		Tel. No./ GSM			
Nationality.		Occupation			
Age / Date of Birth		Nature of Work			
Nature of Claim Death Due to Accident Repatriation					
<u>ACCIDENT</u>					
Date of Accident		Place of Event			
Details of Accident :					
<u>GENERAL</u>					
Are you insured against accident with any other					
Company? If so, give name and amount of benefit.					
Have you previously suffered from trouble or any other					
injury? If so, give particulars with date and period of					
incapacity					
Have you previously made any claim under this or other					
accident policies? If so, give details					
Repatriation claim only					
Copy of airway bill					
Original bill/receipt for embalming charges					
Original bill /receipt pertaining to purchase of coffin box					
Copy of e-ticket of escort(if any)					

I hereby warrant the truth of the above statements

Date: Signature of Insured